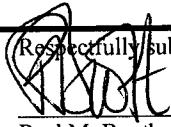


TRANSMITTAL FORM

	Application Number 10/796,288 Filing Date March 10, 2004 First Named Inventor Darfler, Malrene M. Group Art Unit 1657 Examiner Name Petersen, Clark D. Attorney Docket No. 26204-002US Patent No. Not yet assigned Issue Date Not yet assigned
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction
<input checked="" type="checkbox"/> Amendment 1.114/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Rule 1.132 Declaration w/ Bibliography/Exhibit containing Tables 1-8 and Figures 1-11 <input checked="" type="checkbox"/> Supplemental European Search Report (copy)
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS () Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Proskauer Rose LLP 1001 Pennsylvania Avenue, NW Suite 400, South Washington, DC 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899	SIGNATURE BLOCK  Respectfully submitted, <hr/> Paul M. Booth Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Avenue, NW Suite 400 Washington, DC 20004
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